Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-2-2010</u>	Address:	Creek bank in public park	
Case #:	<u>24F31356</u>		Oakridge and 1st St. (SW)	
County:	<u>Elkhart</u>		Goshen, IN 46526	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all t	nd: Location (bedroom, kitchen, open hat apply) n/Ammonia Reaction(s): next to cre			
Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents: next to creek bed				
Water Reactive Metal (Lithium): next to creek bed				
	ous Ammonia:			
Mydroc Hydroc	hloric Acid Gas Generator(s): next t	to creek bed		
	ve Acid:			
Corrosive Base:				
Other (i	tem and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrine ☐ Retail/Me	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Reported by Goshen PD	
This report	t is to be faxed to the following age			
	ment: Goshen Fire Dept	Fax: <u>574-534-2804</u>		
Health Department: Elkhart Cty Health Dept.		Fax: <u>574-295-6186</u> Fax: <u>574-266-2106</u>		
Child Protec	ction Service: <u>DCS Region 3</u>	14/3. <u>571 20</u>	0.2100	
Investigating ** This fort	n is to be faxed to the Fire Department. Hea	one <u>219-696-6242</u>		
listed within 24 hours of scene processing.				

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.